

SENATE JOINT RESOLUTION 6

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By: **Senators Colburn, Currie, Mathias, Middleton, ~~and Raskin~~ Raskin, Garagiola, Glassman, Kittleman, Klausmeier, Muse, and Pugh**

Introduced and read first time: February 3, 2012

Assigned to: Finance

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 22, 2012

RESOLUTION NO. _____

1 A Senate Joint Resolution concerning

2 **Health – Prostate Cancer Screening**

3 FOR the purpose of requesting the Congress of the United States to seek the
4 withdrawal of the United States Preventive Services Task Force draft
5 recommendations against prostate-specific-antigen screening for prostate
6 cancer for men in all age groups.

7 WHEREAS, The United States Preventive Services Task Force (USPSTF)
8 acknowledges that prostate cancer is the most commonly diagnosed nonskin cancer in
9 men in the United States, with one in six American men expected to be diagnosed with
10 prostate cancer in his lifetime; and

11 WHEREAS, Prostate cancer is the second leading cause of cancer-related
12 deaths in men in the United States; and

13 WHEREAS, The National Cancer Institute and the American Cancer Society
14 estimated that, in 2011, 240,890 men in the United States would be diagnosed with
15 prostate cancer and 33,720 would die of the disease – more than one man every 30
16 minutes; and

17 WHEREAS, The American Cancer Society projected that in Maryland alone,
18 there would be approximately 5,060 newly diagnosed cases of prostate cancer and 770
19 deaths from the disease in 2011; and

20 WHEREAS, In 2008, the USPSTF recommended against prostate-specific
21 antigen (PSA) screening for prostate cancer in men at least 75 years old; and

EXPLANATION:

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken by amendment.



1 WHEREAS, In October 2011, the USPSTF replaced its 2008 recommendation
2 with a new recommendation against PSA screening for prostate cancer in all age
3 groups; and

4 WHEREAS, The USPSTF issued its recent recommendation without the benefit
5 of having a urologist or oncologist, the two types of physicians who specialize in
6 diagnosing and treating patients with prostate cancer, on the USPSTF; and

7 WHEREAS, The USPSTF's new recommendation regarding prostate cancer
8 screening follows the public outcry surrounding the USPSTF's recommendation, in
9 November 2009, against mammograms for women ages 40 through 49 and against
10 teaching women to do breast self-exams; and

11 WHEREAS, The USPSTF states that its October 2011 recommendation applies
12 to men in the U.S. population that do not have symptoms that are highly suspicious
13 for prostate cancer, even though it is well understood that by the time a man evidences
14 "symptoms" of prostate cancer the disease is more likely to have spread to areas
15 outside the prostate and is far less likely to be curable; and

16 WHEREAS, The USPSTF states that its new recommendation against PSA
17 screening applies regardless of race, even though the USPSTF acknowledges that
18 African American men have a substantially higher prostate-cancer incidence rate
19 than white men and more than twice the prostate-cancer mortality rate; and

20 WHEREAS, The death rate from prostate cancer has decreased by nearly 40%
21 since the advent of widespread PSA screening in the early to mid 1990s; and

22 WHEREAS, The most recently updated, best designed, and controlled study of
23 prostate cancer, the Goteborg Randomized Population-Based Prostate Cancer
24 Screening Trial, found that with screening, deaths from prostate cancer dropped 44
25 percent over a 14-year period, compared with men who did not undergo screening, and
26 that prostate-cancer screening efficiency was similar to other cancers; and

27 WHEREAS, The USPSTF's recommendation against PSA screening puts into
28 harm's way the men who are most at risk, namely, the underinsured, those who live in
29 rural areas where health care is not readily available, those who have a family history
30 of prostate cancer, and particularly African American men, who have the highest
31 incidence of and death rates from prostate cancer; now, therefore, be it

32 RESOLVED BY THE GENERAL ASSEMBLY OF MARYLAND, That the
33 General Assembly requests that the Congress of the United States seek the
34 withdrawal of the USPSTF draft recommendations against PSA screening for prostate
35 cancer for men in all age groups; and be it further

36 RESOLVED, That a copy of this Resolution be forwarded by the Department of
37 Legislative Services to the Maryland Congressional Delegation: Senators Barbara A.

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1 Mikulski and Benjamin L. Cardin, Senate Office Building, Washington, D.C. 20510;
2 and Representatives Andrew P. Harris, C.A. Dutch Ruppersberger, III, John P.
3 Sarbanes, Donna Edwards, Steny Hamilton Hoyer, Roscoe G. Bartlett, Elijah E.
4 Cummings, and Christopher Van Hollen, Jr., House Office Building, Washington D.C.
5 20515.

Approved:

President of the Senate.

Speaker of the House of Delegates.